

Missouri Department of Health and Senior Services

ONSITE SOIL EVALUATOR REGISTRATION APPLICATION FORM

Submit this application with two (2) passport-size photos, and a \$90.00 non-refundable processing fee.

We will accept business or personal checks, or money orders for payment. We cannot accept credit cards or purchase orders. Make check or money order payable to the *Missouri Department of Health & Senior Services* and **mail to:**

**Missouri Department of Health and Senior Services
Attention: Fee Receipts
PO Box 570
Jefferson City, MO 65102-0570**

Please Print

Fee: \$90.00

Name – First		MI	Last	Social Security Number	
Business Name				Home County	
Business Address		City		State	Zip Code
Mailing Address (if different)				Email Address (optional)	
Business Telephone Number	Contact Telephone Number (if different from business number)			FAX Number	
List other counties in which you are available to work. *					
Check one of the following boxes if you prefer NOT to have your name on the Onsite Soil Evaluators List. <input type="checkbox"/> Do not include my name on the website Registered Onsite Soil Evaluators List (include it on other published lists). <input type="checkbox"/> Do not publish my name on ANY Registered Onsite Soil Evaluators List.					
Fifteen-college semester hours of soils science course work are required, including three hours in soils morphology and interpretations to meet the definition of a soil scientist. For a list of courses that have been identified in Missouri meeting the requirements, see: http://www.dhss.mo.gov/Onsite/osecourses.pdf . Courses are subject to change.					
Have official college transcript(s) sent to: DHSS, Attn: Onsite Sewage Program, PO Box 570, Jefferson City, MO 65102-0570					
Type of Qualification (check one):					
<input type="checkbox"/> Licensed Engineer – as defined in section 327.011 RSMo Include copy of current professional registration.					
<input type="checkbox"/> Registered Geologist – as defined in section 256.453 RSMo Include copy of current professional registration.					
<input type="checkbox"/> Soil Scientist – as defined in section 19 CSR 20-3.080 Include resume.					
Signature				Date	

* Note – There may be additional requirements to work in some counties. Check with the county administrative authority. If needed, attach a list of additional counties in which you would be available to perform onsite soil evaluations.

FOR DHSS USE ONLY

Fee Receipts Transmittal #:		Date Paid:		Accepted? <input type="checkbox"/>
Test Scores – Written / Field:		ID# :		